
State: District of Columbia **First Filing Company:** EMC Property & Casualty Company, ...
TOI/Sub-TOI: 35.0 Interline Filings/35.0002 Commercial Interline Filings
Product Name: Commercial Interline
Project Name/Number: /UCIM-Clean-up-19

Filing at a Glance

Companies: EMC Property & Casualty Company
EMCASCO Insurance Company
Employers Mutual Casualty Company
Union Insurance Company of Providence

Product Name: Commercial Interline

State: District of Columbia

TOI: 35.0 Interline Filings

Sub-TOI: 35.0002 Commercial Interline Filings

Filing Type: Form

Date Submitted: 12/16/2019

SERFF Tr Num: EMCC-132190790

SERFF Status: Submitted to State

State Tr Num:

State Status:

Co Tr Num: DC-CIL-2019-01

Effective Date: 03/01/2020

Requested (New):

Effective Date: 03/01/2020

Requested (Renewal):

Author(s): Patty Johnson

Reviewer(s):

Disposition Date:

Disposition Status:

Effective Date (New):

Effective Date (Renewal):

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General Information

Project Name: Status of Filing in Domicile:
Project Number: UCIM-Clean-up-19 Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 12/16/2019
State Status Changed: Deemer Date:
Created By: Patty Johnson Submitted By: Patty Johnson
Corresponding Filing Tracking Number:

Filing Description:

With this filing, we are submitting the following interline company form revision.

IL7000A (9-02) Common Declarations, replaces IL7000A (9-96)

Marked and final copies of IL7000A are attached.

We respectfully request your acknowledgment of this filing to be applicable to policies written on or after March 1, 2020.
Thank you.

Company and Contact

Filing Contact Information

Patty Johnson, Filings Analyst	Patty.M.Johnson@EMCIns.com
PO Box 712	800-247-2128 [Phone] 2282 [Ext]
Des Moines, IA 50306-0712	515-345-2223 [FAX]

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Filing Company Information

EMC Property & Casualty Company	CoCode: 25186	State of Domicile: Iowa
717 Mulberry Street	Group Code: 62	Company Type: P & C
Des Moines, IA 50309	Group Name: EMC Insurance Companies	State ID Number:
(515) 280-2511 ext. [Phone]	FEIN Number: 63-0329091	

EMCASCO Insurance Company	CoCode: 21407	State of Domicile: Iowa
717 Mulberry Street	Group Code: 62	Company Type: P & C
Des Moines, IA 50309	Group Name: EMC Insurance Companies	State ID Number:
(515) 280-2511 ext. [Phone]	FEIN Number: 42-6070764	

Employers Mutual Casualty Company	CoCode: 21415	State of Domicile: Iowa
717 Mulberry Street	Group Code: 62	Company Type: P & C
Des Moines, IA 50309	Group Name: EMC Insurance Companies	State ID Number:
(515) 280-2511 ext. [Phone]	FEIN Number: 42-0234980	

Union Insurance Company of Providence	CoCode: 21423	State of Domicile: Iowa
717 Mulberry Street	Group Code: 62	Company Type: P & C
Des Moines, IA 50309	Group Name: EMC Insurance Companies	State ID Number:
(515) 280-2511 ext. [Phone]	FEIN Number: 05-0230479	

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:

State:	District of Columbia	First Filing Company:	EMC Property & Casualty Company, ...
TOI/Sub-TOI:	35.0 Interline Filings/35.0002 Commercial Interline Filings		
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Form Schedule

Item No.	Schedule Item Status	Form Name	Form Number	Edition Date	Form Type	Form Action	Action Specific Data		Readability Score	Attachments
1		Common Declarations	IL7000A	9-02	DEC	Replaced	Previous Filing Number:			IL7000A 9-02.pdf
							Replaced Form Number:	IL7000A (9-96)		

Form Type Legend:

ABE	Application/Binder/Enrollment	ADV	Advertising
BND	Bond	CER	Certificate
CNR	Canc/NonRen Notice	DEC	Declarations/Schedule
DSC	Disclosure/Notice	END	Endorsement/Amendment/Conditions
ERS	Election/Rejection/Supplemental Applications	OTH	Other

B U S I N E S S P R O T E C T I O N P O L I C Y
C O M M O N D E C L A R A T I O N S

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Supporting Document Schedules

Bypassed - Item:	Consulting Authorization
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Readability Certificate
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Copy of Trust Agreement
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Terrorism Risk Insurance Program Reauthorization Act of 2015
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Marked form
Comments:	
Attachment(s):	IL7000A 9-02_markup.pdf
Item Status:	
Status Date:	

B U S I N E S S P R O T E C T I O N P O L I C Y
C O M M O N D E C L A R A T I O N S
(EXCESS AND SURPLUS LINES)

POLICY PERIOD

FROM: SEE SECTION DECLARATIONS TO: MM/DD/YY
12:01 A.M. STANDARD TIME

AT YOUR MAILING ADDRESS SHOWN BELOW
(UNLESS CHANGED ON THE SECTION DECLARATIONS)

N A M E D I N S U R E D :

* ACCOUNT NUMBER *

* 9 X 9 - 9 9 - 9 9---YY *

P R O D U C E R :

XXXXXXXXXX (NAME) XXXXXXXXXXXXXXXX
XXXXXXXXXX (NAME) XXXXXXXXXXXXXXXX
XXXXXXXXXX (NAME) XXXXXXXXXXXXXXXX
XXXXXXXXXX (ADDRESS) XXXXXXXXXXXXXXXX
XXXXXXXXXX (ADDRESS) XXXXXXXXXXXXXXXX
XXXXXXXXXX (CITY) XXX, ST ZIPXX-XXXX

XXXXXXXXXX (NAME) XXXXXXXXXXXXXXXX
XXXXXXXXXX (NAME) XXXXXXXXXXXXXXXX
XXXXXXXXXX (ADDRESS) XXXXXXXXXXXXXXXX
XXXXXXXXXX (ADDRESS) XXXXXXXXXXXXXXXX
XXXXXXXXXX (CITY), ST ZIPXX-XXXX

AGENT NO: X-XXXX

AGENT PHONE: (999)999-9999

XXXXXXXXXX X XXXXXXXXXXXXXXXX

CLAIM REPORTING: 888-362-2255

INSURED IS: XXXXXXXXXXXXXXXX

BUSINESS DESC: XXXXXXXXXXXXXXXX

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY. THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT. THE COMPANY AFFORDING COVERAGE IS DESIGNATED BY THE NAME IN THE DECLARATIONS OR INFORMATION PAGE FOR EACH SECTION OF THE POLICY.

S E C T I O N

C O V E R A G E

P R E M I U M

1

PROPERTY (X)

\$XXXXXXXXXXXX

2

LIABILITY (X)

XXXXXXXXXXXX

5

AUTOMOBILE (X)

XXXXXXXXXXXX

6

WORKERS' COMPENSATION (X)

XXXXXXXXXXXX

7

UMBRELLA (X)

XXXXXXXXXXXX

8

OTHER - XXXXXXXXXXXXXXXX (X)

XXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXX (X)

XXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXX (X)

XXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXX (X)

XXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXX (X)

XXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXX (X)

XXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXX (X)

XXXXXXXXXXXX

ESTIMATED TOTAL POLICY PREMIUM

\$XXXXXXXXXXXX

NOTE: THIS COMMON DECLARATIONS APPLIES ONLY TO THE EXCESS AND SURPLUS LINES SECTION OF THIS ACCOUNT.

FORMS APPLICABLE TO ALL SECTIONS EXCEPT:

1. WORKER'S COMPENSATION
2. WHEN EXCLUDED ON SECTION DECLARATIONS
IL0017(XX/XX), IL7004(XX/XX),

THE ADDRESS AND TELEPHONE NUMBER OF THE SERVICING COMPANY IS:

EMC INSURANCE COMPANIES PHONE: (XXX) XXX-XXXX
XXXXXX(STREET ADDRESS)XXXXXXXX
XXXXXX(CITY)XXXXXXXXXXXXXXX, ST. XXXXX-XXXX

PLACE OF ISSUE: XXXCITYXXX, ST

DATE OF ISSUE: MM/DD/YY COUNTERSIGNED BY: